

DEPT ON AGING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N105004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - EDWARDSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>751 BLAKE ST. EDWARDSVILLE, KS 66111</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS  The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00073272.	S 000		
S1364 SS=F	26-40-305 (3) P E - Electrical requirements  (3) Each electrical circuit to fixed or portable equipment in hydrotherapy units shall have a ground-fault circuit interrupter.  This Requirement is not met as evidenced by: The facility identified a census of 92 residents. Based on observation and interview the facility failed to maintain a safe, sanitary environment for residents on one of one halls of the facility.  Findings included:  - On 3-11-14 at 7:25 A.M. during the environmental tour, observation revealed the hydroculator (a thermostatically controlled water bath for warm moist packs applied to the body) in the therapy room was not plugged to a ground fault circuit interruption outlet (GFCI).  On 3-11-14 at approximately 7:30 A.M.maintenance staff Z acknowledged the hydroculator was not plugged into an GFCI outlet.  The facility failed to maintain a safe, environment for residents in the facility.	S1364		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE